

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 601515 RECEIPT DATE: 08 / 02 / 00
IA NUMBER: PCT/ JP99 / 07180 IA FILING DATE: 12 / 21 / 99
FAMILY NAME: MOTOHASHI DELAY WAIVED (Y/N): Y
GIVEN NAME: HARUHIKO DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 12 / 24 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 0162 00564 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: POLLOCK VANDE SANDE AMERNICK
STREET: 1990 M STREET NW
SUITE 800
CITY: WASHINGTON
STATE/COUNTRY: DC ZIP: 200363425
EMAIL:
APPLICATION TITLES:
ACOUSTIC EFFECT APPARATUS AND METHOD AND PROGRAM RECORDED MEDIUM THERE
FOR

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/601,515	FILING DATE 08/02/2000 RULE -	CLASS 181	GROUP ART UNIT 2837	ATTORNEY DOCKET NO. 0162/00564	
APPLICANTS Haruhiko Motohashi, Tokyo, JAPAN; Yasuhiko Mori, Ibaraki, JAPAN; Mikio Nagashima, Tokyo, JAPAN;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP99/07180 12/21/1999					
** FOREIGN APPLICATIONS ***** JAPAN 366374/98 12/24/1998					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/01/2000 -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 13	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
ADDRESS Morris Liss Pollock Vande Sande & Amernick PO Box 19088 Washington ,DC 20036-3425					
TITLE Acoustic effect apparatus and method and program recorded medium therefor					
FILING FEE RECEIVED 1303	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		